

agreeable odor. It will not be any more expensive than the use of a strong disinfectant and seems a great deal safer. A solution of chloride of lime used freely over the stools, allowing them to stand a while before emptying into the closet, is a good method, but like all the disinfectants is hard on the plumbing. I hope to see some interesting discussion on this subject.

M. L. M., R.N.

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DEAR EDITOR: In the August number of the AMERICAN JOURNAL OF NURSING is a letter regarding "The Care of the Excreta During Typhoid Fever." I recently discussed the question with a druggist who said that he considered Platt's chloride the surest, though expensive. I therefore diluted it 1-10, as I always have, and endeavored to use enough to be thorough and to not use more than necessary. I have been on duty with nurses who had not read the directions on the bottle and used it clear, nurses who were graduates from what is considered a very good training school.

I consider that expensive things, intelligently used, are not as expensive in the end as imagined. This druggist considered Kreso inexpensive and I used it as a deodorizer. I suppose it is the same as creolin, but if there is the objection which is mentioned to its use carbolic could be used as a deodorizer.

For disinfecting the clothes, the druggist considered formaldehyde the surest. It is expensive but he sent a pint bottle and I used a tablespoon to a large bucket (as we say in the south) or pail of water, which is sixteen quarts. It was used accurately and was more than enough for the disinfecting of the clothes during the entire illness.

I have noticed that oftentimes the nurse does not give thought enough to instructing members of the family that they are not to handle the clothes as they come off the bed unless they are caring for the patient during the nurse's hours of rest; that they should never touch the patient, not even to stroke his hand in affection, without thoroughly scrubbing and disinfecting the hands afterward. I do not instruct people regarding these things in the presence of the patient.

E. C. H., R.N.

#### A CRITICISM OF THE EDITOR

DEAR EDITOR: Referring to your editorial on Woman Suffrage (September number) your latest decision to "remain neutral" on "broad questions" including woman suffrage is a deep disappointment to me.

I understand that it is impossible for our magazine to do propaganda work on so-called "broad questions," but let me beg of you not to "avoid issues." Is it logical for you to interest us in such subjects distinctly outside the four walls of a sick room, as social hygiene, school hygiene, almshouse reform, child-labor laws, factory inspection, etc., if your attitude on "broad questions" is to remain neutral?

All of these subjects mentioned lead one directly to the fact that only through the ballot, in this country, can one hope for really lasting improvement. For instance, my state association appointed me to visit our county almshouse; I had the opportunity to do this thoroughly, and also to get unprejudiced, accurate information about the management of the place. I found that one could be a "lady visitor," and serve ice cream to the "inmates," give an entertainment once in a while, or send clothing, but I also found that it was quite impossible to be of any direct use in improving wretched methods and conditions, unless one were a trustee. I asked a man "who knew," if a woman could be appointed a trustee, when there was a vacancy on the board. He answered very promptly, "Oh, no." "Why?" I asked. He replied, "She has no vote." Then I reflected that in my state, Maryland, women are placed on the same plane, politically, as the half-witted "inmates," I had just seen. It gave me a bad hour, but it made me think.

You may imagine my disappointment when the "delegates representing 14,000" turned down by a large majority, in San Francisco, the obvious fact, that "until men and women have equal political rights, they cannot do their best work"—how *could* they have done it? It seemed a case of "so much the worse for the facts." My next hope was that our magazine would present the question fairly to us, at least, but alas, I find the editorial staff is in the "twilight zone" of neutrality and brushes this vital question carelessly aside.

Are we only to regard your JOURNAL in the light of a primary instructor, or can we expect real help from you after you have taught us to think? If you continue to remain neutral on the woman suffrage movement, may I suggest to you that your logical attitude must be that "a nurse's place is *inside* the sick room, not mixing up in affairs outside of her sphere."

MARY BARTLETT DIXON, R.N..

Johns Hopkins Hospital, 1903.

Easton, Maryland, September 10, 1908.

[The editorial policy of the JOURNAL in regard to the suffrage and all important questions is determined by the Board of Directors. The